APPLICATION DATA SHEET

Application Information

| Application Number:: | |
|----------------------------------|---|
| Filing Date:: | |
| Application Type:: | Regular |
| Subject Matter:: | |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | |
| Number of CD Disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | |
| Computer Readable Form (CRF)?:: | |
| Number of Copies of CRF:: | |
| Title:: | Objective Lens for An Electron Microscopy |
| | System and Electron Microscopy System |
| Attorney Docket Number:: | 007413-058 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No · |
| Suggested Drawing Figure:: | 3 |
| Total Drawing Sheets:: | 8 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | |

Applicant Information

Applicant Authority Type:: Inventory

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Dirk

Middle Name::

Family Name:: Preikszas

Name Suffix::

City of Residence:: Oberkochen

State or Province of Residence::

Country of Residence:: Germany

Street of Mailing Address:: Zepplinweg 4

City of Mailing Address:: Oberkochen

State or Province of Mailing Address::

Country of Mailing Address:: Germany

Postal or Zip Code of Mailing D-73447

Address::

Applicant Authority Type:: Inventory

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Michael

Middle Name::

Family Name:: Steigerwald

Name Suffix::

City of Residence:: Aalen

State or Province of Residence::

Country of Residence:: Germany

Street of Mailing Address:: Jochgasse 45

City of Mailing Address:: Aalen

| State or Province of Mailing Address:: | |
|--|--------------------|
| Country of Mailing Address:: | Germany |
| Postal or Zip Code of Mailing | D-73434 |
| Address:: | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Germany |
| Status:: | Full Capacity |
| Given Name:: | Peter |
| Middle Name:: | |
| Family Name:: | Hoffrogge |
| Name Suffix:: | |
| City of Residence:: | Oberkochen |
| State or Province of Residence:: | |
| Country of Residence:: | Germany |
| Street of Mailing Address:: | Scheinerstrasse 13 |
| City of Mailing Address:: | Oberkochen |
| State or Province of Mailing Address:: | |
| Country of Mailing Address:: | Germany |
| Postal or Zip Code of Mailing | D-73447 |
| Address:: | |
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | Germany |
| Status:: | Full Capacity |
| Given Name:: | Peter |
| Middle Name:: | |
| Family Name:: | Gnauck |
| Name Suffix:: | |
| City of Residence:: | Reutlingen |
| State or Province of Residence:: | |

| 102 33 0 | 02.6 | July 19, 2002 | Yes | | |
|--|--|--|--|--|--|
| Applicat | tion Number:: | Filing Date:: | Priority Claimed:: | | |
| Information | | | | | |
| | | | | | |
| | | | | | |
| | <u> </u> | Application | Date | | |
| Continu | ity Type:: | | Parent Filing | | |
| - | | | | | |
| tomer Number:: | 21839 | | | | |
| | 0.4000 | | | | |
| | | | | | |
| | (703) 836-20 | (703) 836-2021 | | | |
| none Number:: | | (703) 836-6620 | | | |
| ustomer Number: | :: 21839 | | | | |
| e Information | | | | | |
| | | | | | |
| of Mailing | D-72764 | | | | |
| \ddress:: | Germany | | | | |
| Mailing Address | S :: | | | | |
| ess:: | Reutlingen | Reutlingen | | | |
| dress:: | Glaserstrass | Glaserstrasse | | | |
| ce:: | Germany | | | | |
| | dress:: ess:: f Mailing Address Address:: of Mailing e Information ustomer Number:: ty Information Continu Information Applicate | dress:: Reutlingen Mailing Address:: Germany of Mailing D-72764 e Information ustomer Number:: 21839 (703) 836-66 (703) 836-20 Information tomer Number:: 21839 ty Information Continuity Type:: | dress:: Glaserstrasse ess:: Reutlingen f Mailing Address:: Address:: Germany of Mailing D-72764 e Information ustomer Number:: 21839 (703) 836-6620 (703) 836-2021 Information tomer Number:: 21839 ty Information Continuity Type:: Parent Application:: Information Application Number:: Filing Date:: | | |

Assign_e Information

Assignee Name:: LEO Elektronenmikroskopie GmbH

Street of Mailing Address:: Carl-Zeiss-Strasse 56

City of Mailing Address:: Oberkochen

State or Province of Mailing Address::

Country of Mailing Address:: Federal Republic of Germany

Postal or Zip Code of Mailing

Address:: D-73447